

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number HON 1448-047

First Named Inventor Baker, et al.

COMPLETE IF KNOWN

Application Number

/

Filing Date

Herewith

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR MANAGING RETURNABLE CONTAINERS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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City

State

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Country

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Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Steven

Family Name

or Surname Baker

Inventor's

Signature

Date

Residence: City Piqua

State Ohio

Country USA

Citizenship USA

Mailing Address 13549 Miami-Shelby Road East

City Piqua

State Ohio

ZIP 45356

Country USA

NAME OF SECOND INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Alan

Family Name

or Surname Yacobozzi

Inventor's

Signature

Date

Residence: City Marysville

State Ohio

Country USA

Citizenship USA

Mailing Address 811 Lone Rise Drive West

City Marysville

State Ohio

ZIP 43040

Country USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →



PTO/SB/02A (1 1-00)

Approved for use through 10/31/2002, OMB 0651-0032


U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Suppl mental Sh t Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Helena		Porczak	
Inventor's Signature		Date	
Residence: City Naperville	State Illinois	Country USA	Citizenship USA
Mailing Address 8 South 744 Wayewood Lane			
Mailing Address			
City Naperville	State Illinois	ZIP 60565	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Catalina		Reasoner	
Inventor's Signature		Date	
Residence: City Columbus	State Ohio	Country USA	Citizenship USA
Mailing Address 156 Webster Park Avenue			
Mailing Address			
City Columbus	State Ohio	ZIP 43214	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Baker, et al.
Title	SYSTEM AND METHOD FOR MANAGING RETURNABLE CONTAINERS
Group Art Unit	
Examiner Name	
Attorney Docket Number	HON 1448-047

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
Jeffrey S. Standley	34,021
Carol G. Stovsky	42,171
Alan T. McDonald	28,099
Vince Ciamacco	46,626

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	Standley Law Group LLP				
Address	495 Metro Place S., Suite 210				
Address					
City	Dublin	State	Ohio	Zip	43017-5319
Country	USA				
Telephone	(614) 792-5555	Fax	(614) 792-5536		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Steven Baker
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

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Name	Alan Yacobozzi
Signature	
Date	

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Name Helena Porczak


Signature

Date

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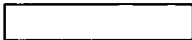
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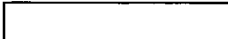
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SIGNATURE of Applicant or Assignee of Record

Name Catalina Reasoner

Signature

Date

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